Instructions for Change of Ownership

These instructions shall only apply to establishments which are currently operating and have a valid Food Safety License, or establishments that have been closed for five (5) business days or less. Additionally, these instructions shall only apply if there will be no change in menu, equipment, or procedures from the previously licensed operations.

If the current owner is still affiliated with the establishment in an ownership capacity (i.e. corporate officers or general partners); it will **not** be considered a Change of Ownership. However, a new license will be issued with the corrected Licensee.

If the establishment has not been in operation **OR** if major changes, such as type of food, type of operation, structure, equipment, or floor plan are intended, it will **not** be considered a Change of Ownership and a Plan Review Packet must be completed and submitted with a Plan Review Fee.

The following items must be submitted for review **ten (10) business days prior to** the Change of Ownership:

- ☐ Change of Ownership Application
- ☐ Menu
- ☐ Floor Plan/Equipment Layout
- ☐ Septic Inspection (if applicable)
- ☐ Water Well Inspection/Samples (if applicable)
- ☐ Proof of Certified Food Protection Manager (All Cat I and II)
  - All other employees must have received approved Food Handler Training – Provide proof at 30 Day Inspection
- ☐ Proof of Allergen Awareness Training for CFPM’s in Cat I Restaurants
- ☐ License Fee

Once all items have been submitted and approved, an inspection must be completed to determine compliance with the Illinois Food Code and Chapter 10, Food Safety, of the Peoria County Code. If it is determined that changes to the establishment must be made in order to be in compliance with the Codes; a time frame for completion will be given. Be advised some changes may be required prior to start of operations under new ownership. If the changes are not completed in the time frame given, the Food Safety License will be suspended until the changes are complete.

The **Change of Ownership is not considered complete until an inspection has been conducted and a new Food Safety License has been issued. Anyone found to be operating without a valid Food Safety License may be assessed a $200.00 penalty fee.**
Peoria City/County Health Department

Change of Ownership Application

The undersigned hereby makes application for a permit to operate a Food and/or Beverage Establishment and/or Retail Food Establishment in the County of Peoria.

Establishment:
Name: ____________________________________________
Address: __________________________________________
City: ___________________________________________ ILLINOIS Zip Code ________________
Phone: ___________________ FAX: ___________________ Email: _______________________________________

Is the establishment changing names? ........................................................................................................................................... ☐ Yes............. ☐ No
If YES, what is the new name of the establishment? ____________________________________________________________

Licensee (owner):
Name: ____________________________________________ Phone: ___________________
Address: __________________________________________
City: ___________________________________________ State: ________________ Zip Code ________________
FAX: ___________________ Email: _______________________________________

Send correspondence to: ☐ Establishment ☐ Licensee (owner)

Contact Person: ____________________________________________ Phone: ___________________
Manager: ____________________________________________ Phone: ___________________

Type of Establishment:
☐ Restaurant  ☐ Bar/Tavern  ☐ School  ☐ Retail
☐ Bed & Breakfast  ☐ Daycare  ☐ Mobile  ☐ Seasonal
☐ Long Term Care  ☐ Concession  ☐ Other ________________

Days and Hours of Operation: ____________________________________________________________

Water Supply: ☐ Public ☐ Semi-Private Well ☐ Non-Community Well
Sewage Disposal: ☐ Public ☐ Private (Septic System)

Certified Food Protection Manager (Required for all Category I and II establishments)
Name: ____________________________________________ ID#: __________________ Expiration Date: ________________

Allergen Awareness Training (Required for CFPM’s in Category I Restaurants)
Name: ____________________________________________ ID#: __________________ Expiration Date: ________________

I understand that the establishment must be brought into compliance with Chapter 10, Food Safety of the Peoria County Code and the Illinois Food Code. Failure to make the required changes will result in the suspension of the Food Safety License.
I affirm that the above information is true to the best of my knowledge and belief:

Licensee Signature: ________________________________ Date: ________________

Environmental Health • 2116 N. Sheridan Rd • Peoria, IL 61604 • PH: 309/679-6161 • FAX: 309/679-6174
Peoria City/County Health Department
Food Service Establishment Identification Form

Establishment Name: 

Establishment Address:  

City: ___________________________ State: _______ ZIP Code:_________________

Mailing Address (if different than above) 

City: ___________________________ State: _______ ZIP Code:_________________

Main Contact Person: 

Phone Number: ___________________________ E-mail Address: ___________________________

Address: 

City: ___________________________ State: _______ ZIP Code:_________________

State of Illinois IBT Number (Sales Tax Number): ___________________________

FEIN: ___________________________

Type of Ownership:   
☐ Sole Proprietorship  ☐ Partnership  
☐ Corporation (provide additional information below)  ☐ Other

Corporation Name: ___________________________

Date of Incorporation: ___________________________ State of Incorporation: ___________________________

Address of Corporate Office 

City: ___________________________ State: _______ ZIP Code:_________________

List Owner, Corporate Officers or General Partners (use additional sheets if necessary):

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I declare that I have examined this form, and to the best of my knowledge and belief, the information entered on this form is true, correct, and complete.

__________________________________________________________  ________________
Signature of Owner or Officer empowered to sign for Corporate Entity  Date

Print or type name signed above
For Corporations:

__________________________________________________________  ________________
Signature of Corporate Secretary  Date